ATTN: LEAH PASCUAL, RN

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gaylord's III	CHAPTER 100.1
Address: 2508 Coyne Street, Honolulu, Hawaii 96826	Inspection Date: July 7, 2022 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
bedrooms. FINDINGS Artificial tears and Nystatin powder were found on the resident's dresser in bedroom #4.	I removed the Refresh Tears and Nystatin from Bedroom #4 resident's dresser immediately.	7/7/2022
		JUL 22 POR

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. FINDINGS Artificial tears and Nystatin powder were found on the resident's dresser in bedroom #4.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I have created a checklist for the caregivers to complete after each rounds to ensure that all medications are stored properly in a secured locked cabinet.	7/7/2022
		RECEIVE JUL 22 2022

Licensee's/Administrator's Signature:	Chambe Mr
Print Name:	wannette Gay Lord
Date:	7/7/22

JUL 2.2 2022